

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	89/464671	FILING DATE	12-15-99		
						APPLICANT(S)					
						CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	*		
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1					51					
2	1					52					
3	1					53					
4	1					54					
5	1					55					
6	1					56					
7	1					57					
8	1					58					
9	1					59	1				
10	1					60	1				
11	1					61	1				
12	1					62	1				
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17	1					67	1				
18	1					68	1				
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38	1					88					
39	1					89					
40	1					90					
41	1					91					
42	1					92					
43	1					93					
44	1					94					
45	1					95					
46	1					96					
47	1					97					
48	1					98					
49	1					99					
50	1					100					
TOTAL IND.	3					TOTAL IND.	2				
TOTAL DEP.	47					TOTAL DEP.	19				
TOTAL CLAIMS	50					TOTAL CLAIMS	21				

BEST AVAILABLE COPY